

Maternal employment and satisfaction with care



Wendy Boyd[^] and Karen Thorpe^{*}

[^] School of Education, Southern Cross University

^{*} School of Psychology and Counselling, Queensland University of Technology

Background and rationale

- Continual increase in maternal employment
- Focus on policy towards women's return to paid work
- Focus on provision, demand and quality of care
- Early care experiences influences children's learning and development (Shonkoff & Phillips, 2000)
- Quality of care emotional barrier to workforce engagement (Bourke 2006; Harris, 2008)

- First-time mothers' perspectives provide valuable insight into broader societal views.
- Previous research confirms that selection behaviour of care for the child is associated with changes in perceptions of paid work flexibility, attitude towards maternal employment and work commitment

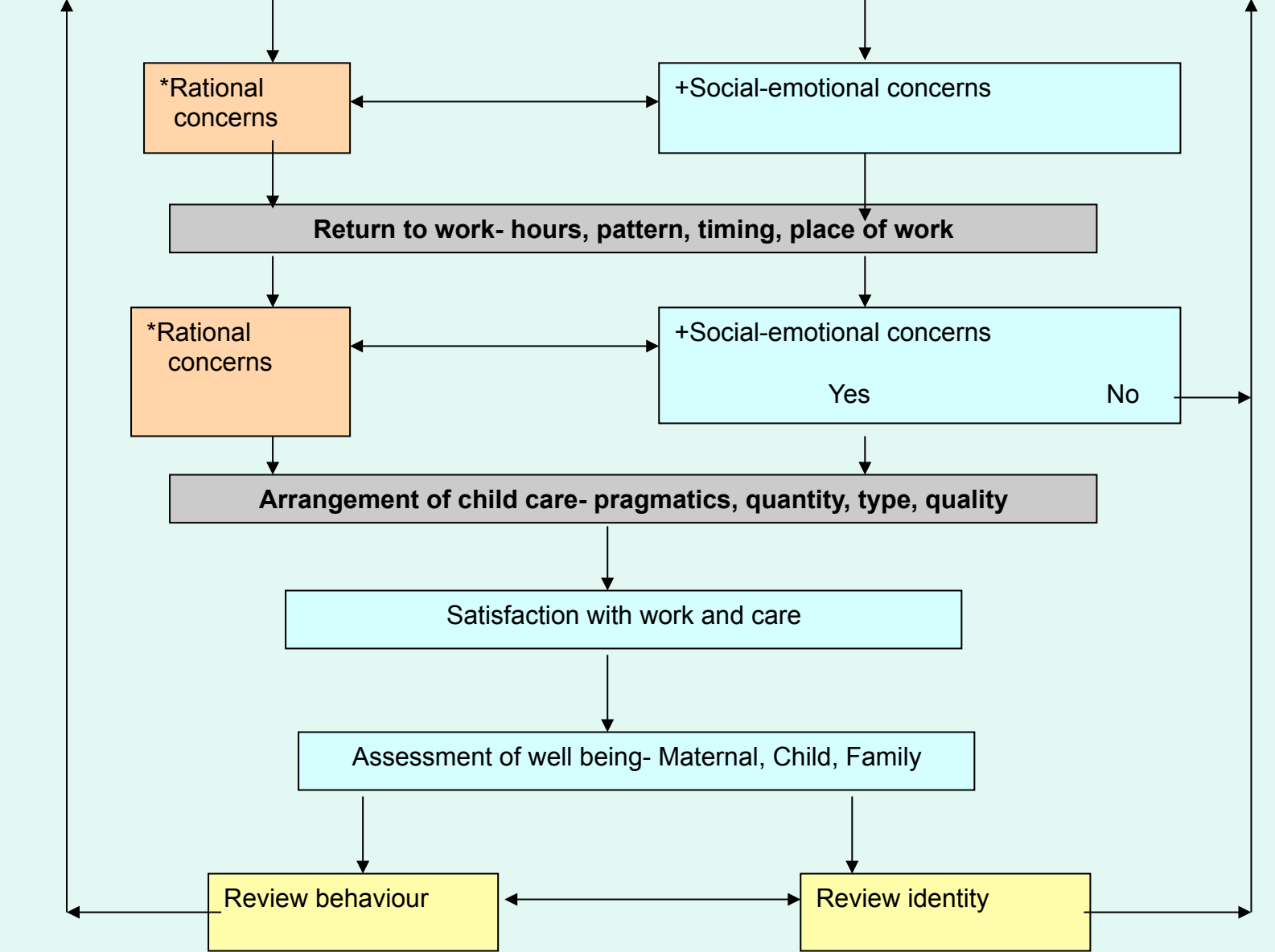
(Pungello and Kurtz-Costes 2000).



Satisfaction with care

- Parent aspirations, and their preferences for paid work and care of the child.
- Some studies report satisfaction with their child's care (Bowes, Wise, Harrison, Sanson, Ungerer, Watson, & Simpson, 2004)
- But it is likely that there is confound between rationalisation of care choice and parent satisfaction with care quality (Pungello & Kurtz-Costes, 2000).

Decision making regarding maternal employment



Methodology



Research question:

What are the affective outcomes, for example- satisfaction with care, emotional well-being, of the parent's decisions concerning paid work and care of the child?

Method

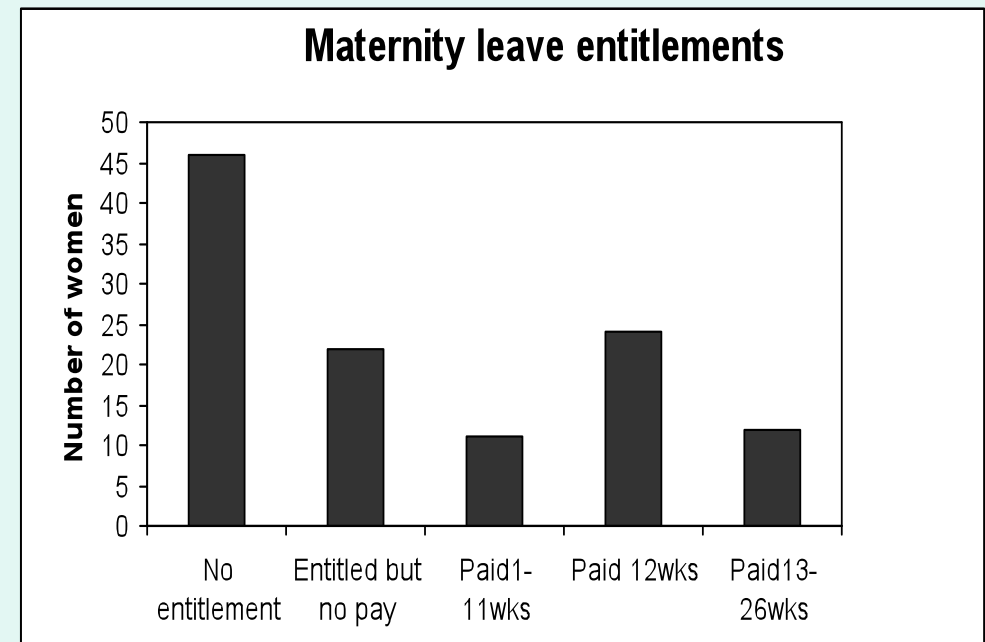
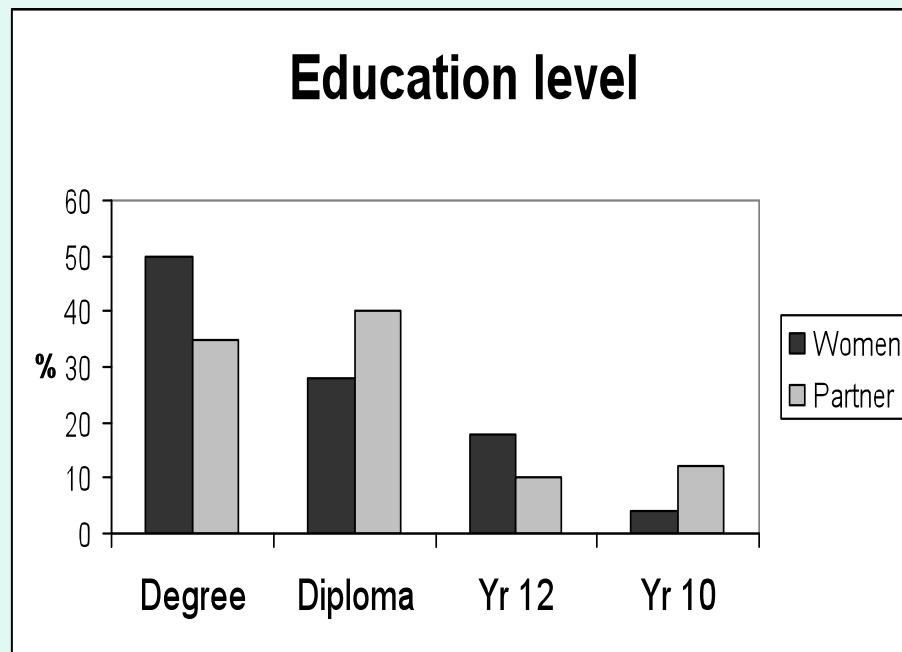
- Longitudinal prospective study of first-time mothers ($N = 124$)

Procedure

- Sampling- Accessed expectant parents in hospital ante-natal units ($n=104$) and media of a university ($n=20$).
- Quantitative and qualitative data was collected using standardised tests

Demographics of first-time mothers- $N = 124$

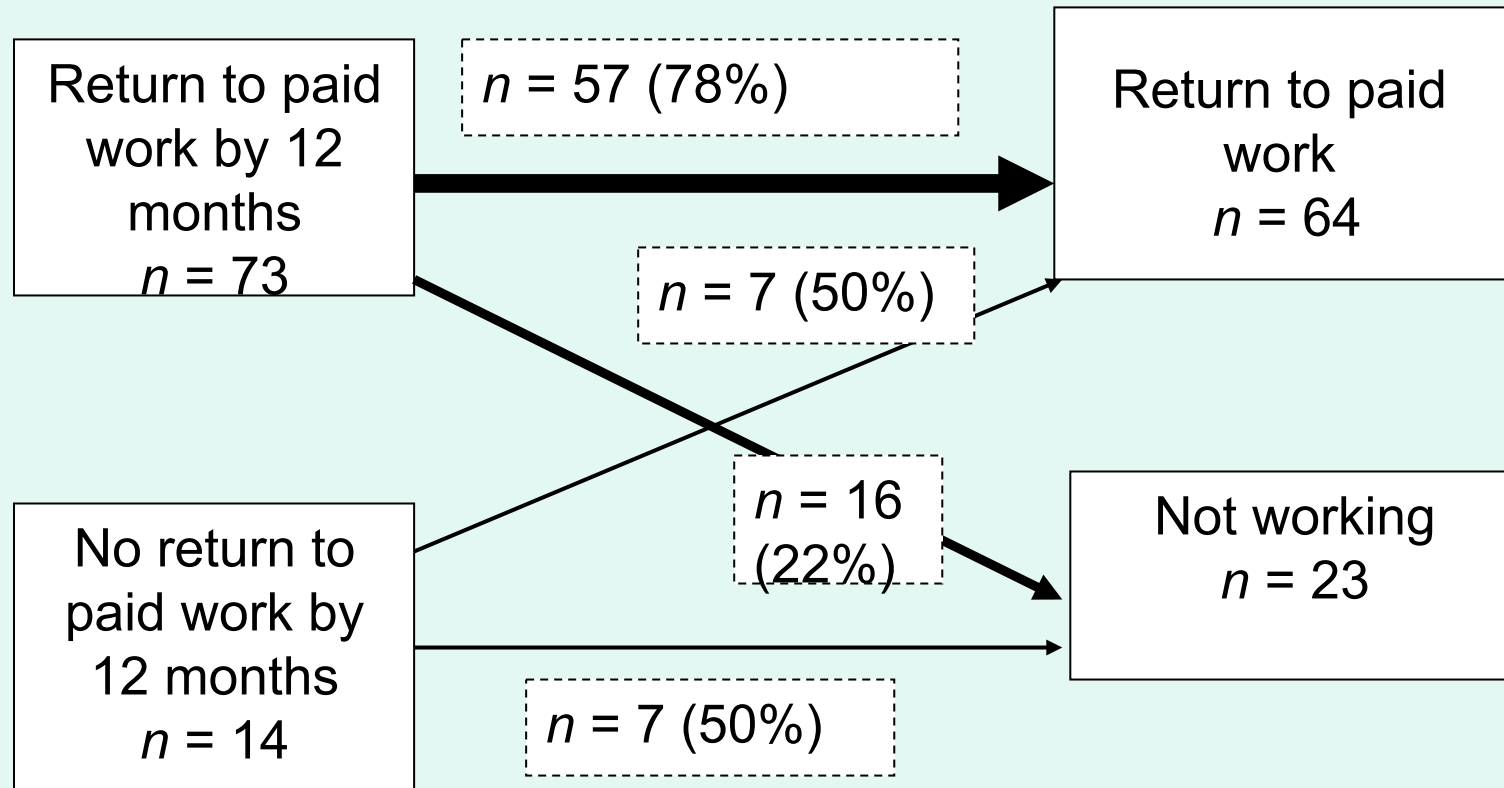
- **Average age** women
29.0 years
- **Average household income** \$60,000- 80,000 pa.



Returning to paid work

Antenatal intention
($N = 87$)

12 months postpartum



Hours of return to paid work

6 months postpartum:

- Intended hours: 21.8 per week ($n = 65$, SD 9.4)
- Actual hours: 19.0 per week ($n = 48$, SD 12.3)

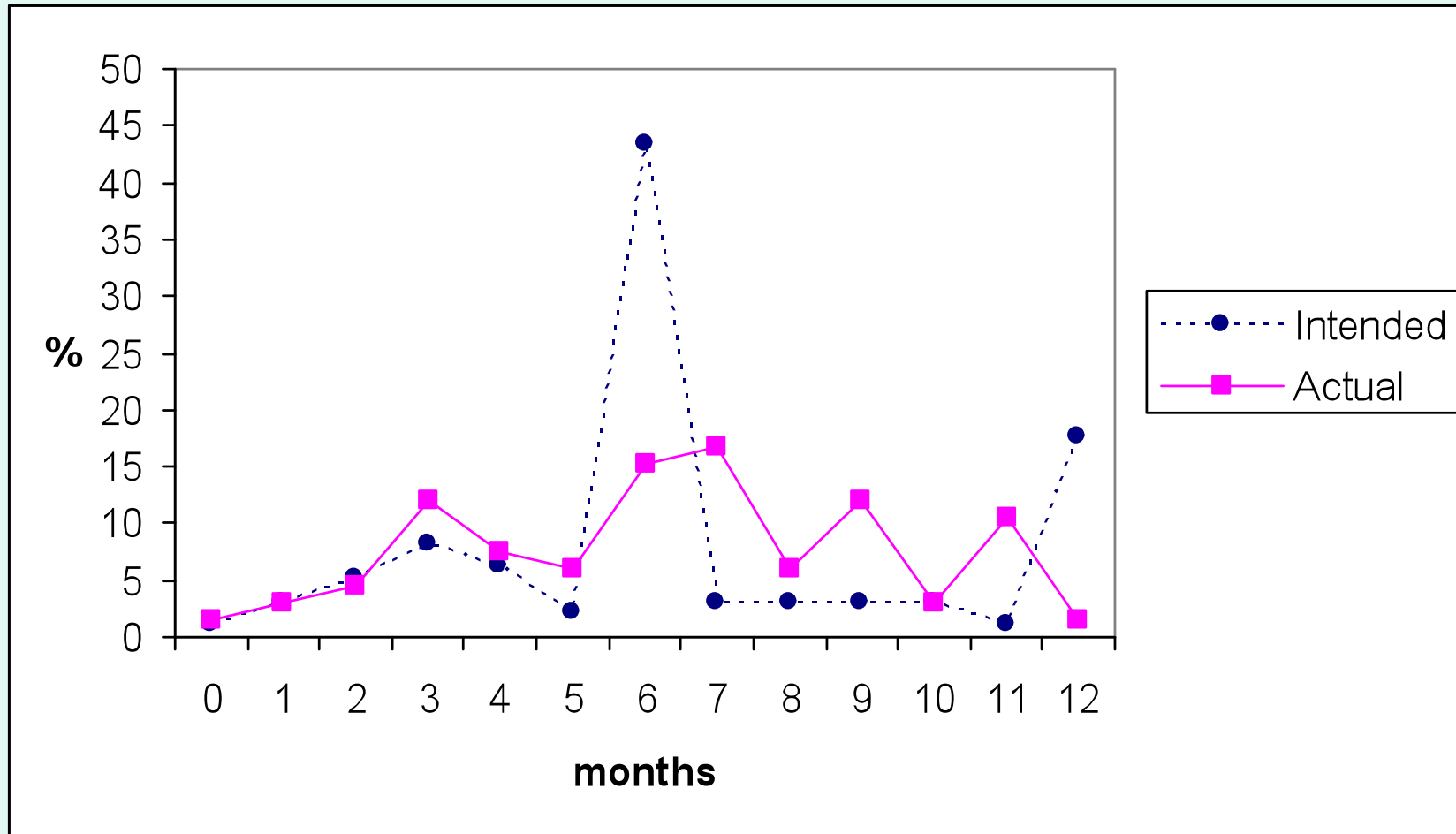
12 months postpartum

- Intended hours: 21.7 per week ($n = 107$, SD 9.6)
- Actual hours: 22.1 per week ($n = 64$, SD 12.3)

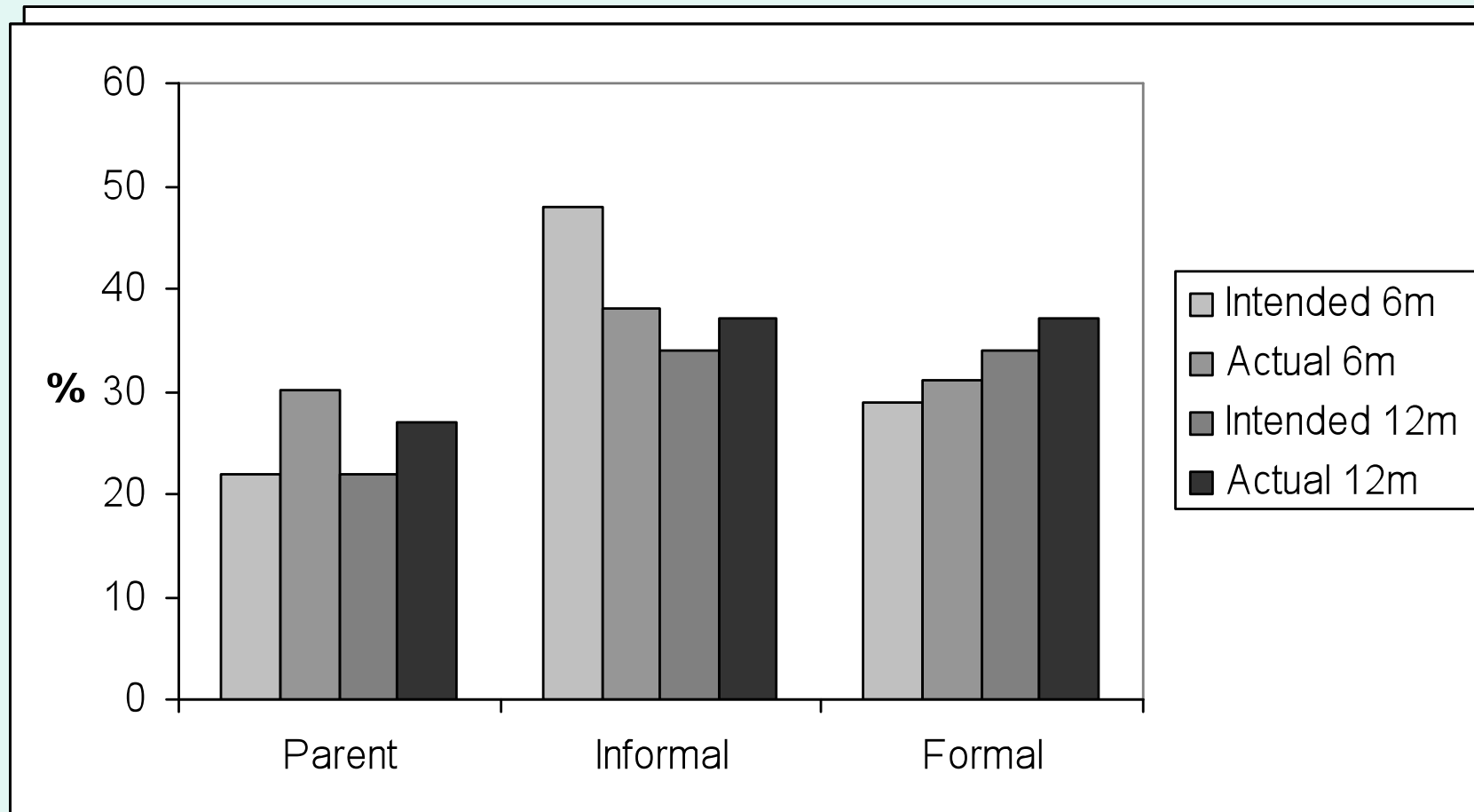
No significant group differences between intended and actual hours at 6 and 12 months postpartum

Results

Timing of return to paid work



Care of child- Intended and actual



Changes in beliefs and perceptions

- Satisfaction with paid work declined
- Decline in support for engaging in paid work
- Beliefs about benefits of maternal employment increased significantly
- Importance of factors driving care:
 - Quality of care did not change but Importance of trustworthiness of care reduced significantly
- Approachability and cooperability of child reduced significantly from six to 12 months postpartum
- Maternal separation anxiety reduced significantly from six to 12 months postpartum
- Mental health scores improved significantly from six to 12 months postpartum

Satisfaction with care

Wide range of satisfaction with care scores:

- 8 – 24 (maximum score 24) 12m postpartum.
- Significantly less satisfied with formal care (n =64, t(46) = -2.9, $p < .01$)
- Significantly more satisfied with informal care (n =64, t(46) = 3.2, $p < .01$)

Timing of Return to Paid Work

Variable in model	B	Standard error B	β	95% Confidence Intervals	
				Lower bound	Upper bound
Constant	-3.78	3.02		-9.88	2.31
Education university	-1.28	.76	-.22	-2.82	.26
Age	.04	.07	.06	-.11	.19
Income > \$60,000 pa	2.10	.93	.32*	.23	3.97
Maternity leave entitlement (unpaid)	.12	.83	.02	-1.56	1.80
Quality of care antenatally	.37	.14	.33*	.09	.66
Trustworthiness care antenatally	.48	.14	.46**	.20	.77

Note * $p < .05$ ** $p < .01$; $F = 2.73$, $df 55$ $p < .05$; Adj $R^2 = .16$

Hours of paid work at 12 months postpartum

Variable in model	<i>B</i>	Standard error <i>B</i>	β	95% Confidence Intervals	
				Lower bound	Upper bound
Constant	.77	10.98		-21.14	22.67
Education university	.53	2.95	.02	-5.35	6.42
Age	-.05	.29	-.02	-.62	.52
Income > \$60,000 pa	6.33	3.43	.22	-.51	13.18
Maternity leave unpaid	5.88	2.95	.21*	-.01	11.77
Costs of maternal employment 6m	.68	.16	.41***	.35	1.00
Approachability of child 6m	-.95	.42	-.22*	-1.79	-.11

Note * $p < .05$ *** $p < .001$ $F = 7.31$, $df = 74$, $p < .001$ Adj $R^2 = .34$

Satisfaction with Care of the Child at 12 Months Postpartum

Variable in model	<i>B</i>	Standard error <i>B</i>	β	95% Confidence Intervals	
				Lower bound	Upper bound
Constant	18.78	3.63		11.45	26.11
Education university	-.33	1.52	-.04	-3.39	2.74
Age of mother	.04	.13	.04	-.22	.29
Income > \$60,000 pa	.98	1.51	.10	-2.08	4.03
Centre based care 12m	-4.04	1.33	-.46**	-6.72	-1.36
Postnatal depression 12m	-.31	.14	-.34*	-.60	-.02

Note: * $p < .05$, ** $p < .01$; $F = 3.16$, df 46 $p < .05$; Adj $R^2 = .19$

Participants' responses using centre based care

- *I feel guilty about leaving my child at day-care. I wish we had family close by as I would prefer that. The day care we have is good, but it was a last resort when we couldn't get into any places of our choice.* (Participant 22 using 16 hours of centre based care only per week)
- *I just accept it because I have no choice. I have to work* (Participant 23 using 32 hours of centre based care only per week).

Participant's response using centre based care at 6 and 12 months postpartum

- *Not happy that I have to put her in. Would rather one on one care but can't afford it. She has been in child care for 2 weeks and has already had two colds (Participant 31 worked 20 hours per week).*
- *They are good. She always has a cold and had to get grommets as she got ear infections from the colds she got but what else can I do? (Participant 31 using 24 hours centre based care and 16 hours of parental care).*

What are the affective outcomes, for example- satisfaction with care, emotional well-being, of the parent's decisions concerning paid work and care of the child?

1. Reduced participation in the workforce. Change in intentions to return to paid work illustrate emotional attachment, the re-assessment of options and subsequent re-prioritising of decisions regarding paid work.
2. Beliefs and perceptions for maternal employment changed employment decisions were made
3. Less satisfaction with care predicted by use of centre based formal care and having higher scores on mental health.
4. Satisfaction with maternal employment declined as did support for engaging in paid work.

Implications

- Productivity: Concern for the quality of care and trustworthiness of care are important influences for maternal employment.
- Accessing centre based formal care is not just about affordability (ABS, 2010) but the quality of care affects engagement in paid work.
- The timing of return to maternal employment strongly associated with quality of care, not just affordability of care. This has implications for the length of parental leave policy and provision of quality care.
- Reduced participation in workforce as a result of concern for child's learning and development .
Family friendly work practices required

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